Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information				
For calenda	ar plan year 2015 or f	scal plan year beginning 01/01/2015		and ending 12/3	31/2015	
A This ret	turn/report is for:	a single-employer plan		lan (not multiemployer) (Finployer information in acco	-	
B This retu	urn/report is	the first return/report	the final return/report	n/report (less than 12 mor	nths)	
C Check I	box if filing under:	Form 5558	automatic extension		DFVC pro	ogram
Part II	Basic Plan Info	prmation—enter all requested inform	ation			
1a Name			auton.		1b Three-digit plan number (PN) ▶	002
					1c Effective date	of plan 5/01/2000
Mailing	g address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. Bo			2b Employer Idea (EIN) 16	ntification Number 3-1098048
	ND SCHOENBORN, F	ce, country, and ZIP or foreign postal co P.C.	ode (ir föreign, see instr	uctions)	2c Sponsor's tele	ephone number -856-0024
800 CONVEI	NTION TOWER 43 C	OURT ST		[:	2d Business code	e (see instructions)
BUFFALO, N					54	1110
3a Plan a	dministrator's name a	nd address XSame as Plan Sponsor.		:	3b Administrator	s EIN
				;	3c Administrator	s telephone number
		e plan sponsor has changed since the l	last return/report filed fo	or this plan, enter the	4b EIN	
	or's name	·			4c PN	
5a Total i	number of participants	s at the beginning of the plan year			5a	5
b Total i	number of participants	s at the end of the plan year			5b	4
C Numb	er of participants with	account balances as of the end of the	plan year (defined bene	efit plans do not	5c	2
d(1) Tota	al number of active pa	articipants at the beginning of the plan y	ear		5d(1)	5
d(2) Tot	al number of active pa	articipants at the end of the plan year			5d(2)	4
e Numb	per of participants that	terminated employment during the plan	n year with accrued be	nefits that were less	5e	0
Caution: A	penalty for the late	or incomplete filing of this return/rep	port will be assessed	unless reasonable caus		
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, as want plete.				
SIGN		/valid electronic signature.	08/24/2016	DANIEL SCHOENBORI	N	
HERE	Signature of plan	administrator	Date	Enter name of individua	al signing as plan a	dministrator
SIGN						
HERE	Signature of emplo		Date	Enter name of individua		
Proparor's	name uncluding firm i	name if applicable) and address (includ	14 room or suite numbe	ar i	Prenarer's telenhoi	numner

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 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t	an indepen and conditi	dent qualified public a	ccount	ant (IQ	PA)				es No
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not det	ermined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
a Total plan assets	7a		301	688				25	6841
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c			688					6841
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) T	otal	
(1) Employers	8a(1)								
(2) Participants	8a(2)								
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		5	153					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								5153
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		50	000					
Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f								
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							5	0000
i Net income (loss) (subtract line 8h from line 8c)	8i							-44847	
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of Pl	an Cha	racteris	stic Co	des in th	ne instrud	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare for	antura and	on from the List of Dia	n Char	otoriot	io Cos	loo in the	o inatruat	iona	
in the plant provides wellare benefits, effect the applicable wellare in	eature cou	es nom the List of Fia	ii Cilaia	acterist	ic Coc	162 111 1116	z IIISII UCI	10115.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amour	nt
Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Χ				
C Was the plan covered by a fidelity bond?			10c	Х					30000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons	by an insurance the benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pla			10f		Χ				
g Did the plan have any participant loans? (If "Yes," enter amount a					X				
h If this is an individual account plan, was there a blackout period?	•	,	10g						
i If 10h was answered "Yes," check the box if you either provided the			10h		X				
exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
j Did the plan trust incur unrelated business taxable income?			10j			X			
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Y	es No
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			11a			
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA?	Y	es 🛚 No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial		telephone number			
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

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Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to **Public Inspection**

	enerit Guaranty Corporation	➤ Complete all entries in	accordance with the in:	structions to the Form 55	00-SF.		The indipoduction
Part I		t Identification Information					
For calend	ar plan year 2015 or fi	fiscal plan year beginning	01/01/2015	and ending	12/3	31/201	.5
A This ret	turn/report is for:	X a single-employer plan a one-participant plan		plan (not multiemployer) (employer information in acc			
B This retu	urn/report is	the first return/report an amended return/report	the final return/repor	t urn/report (less than 12 mo	onths)		
C Check i	box if filing under:	Form 5558	automatic extension	I		FVC prog	ıram
sersection in	Desir Dies Inc.	special extension (enter description)					
Part II	" "	ormation—enter all requested in	formation		<u></u>		1
1a Name DEMARIE		ORN PC 401(K) P/S PLA	7N		1b Three- plan ni (PN)	number	002
					1c Effection 06/0	tive date o 01/2000	
Mailing	g address (include roor	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post). Box)	İ		oyer Identi 16-109	ification Number 98048
	IE AND SCHOENE		al code (ii ioreign, see me		716-	-856-00	
800 CO	NVENTION TOWE	ER 43 COURT ST			2d Busine 5411		(see instructions)
BUFFAL	. O	NY 14202					
3a Plan ad	dministrator's name ar	nd address XSame as Plan Spons	sor.		3b Admini	istrator's	EIN
name,	, EIN, and the plan nur	e plan sponsor has changed since mber from the last return/report.	the last return/report filed	, ,	4b EIN		
a Sponso	***************************************		Ad		4c PN		
_		at the beginning of the plan year			5a	·····	5
		at the end of the plan year			5b		4
		account balances as of the end of			5c		2
		rticipants at the beginning of the pla		-	5d(1)		5
		articipants at the end of the plan yea		├	5d(2)	***************************************	4
e Numb than 1	per of participants that 100% vested	terminated employment during the	plan year with accrued b	enefits that were less	5e		0
Caution: A	penalty for the late of	or incomplete filing of this return	n/report will be assessed	d uniess reasonable caus	se is establi	ished.	
SB or Sche	alties of perjury and othe dule MB completed ar true, correct, and comp	ther penalties set forth in the instruction and signed by an enrolled actuary, a plete.	tions, I declare that I have as well as the electronic v	e examined this return/report, ersion of this return/report,	ort, including and to the b	j, if applic sest of my	able, a Schedule knowledge and
SIGN <	in Inlli	Schoule		JOSEPH DEMARTS	- Panie	テレ ム	. SCHOENBORN
HERE	Signature of plan a	dministrator	Date	Enter name of individua	al signing as	s plan adr	ministrator
SIGN						<u>. F </u>	
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individua	al signing as	employe	er or plan sponsor
Preparer's r		name, if applicable) and address (in			Preparer's te		

<u></u>	Form 5500-SF 2015		Page 2	*						
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and cond not use Fe	endent qualified public itions.) orm 5500-SF and mus	accoun st inste	tant (IC	QPA) Forn	n 5500.		X Yes No X Yes No	
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginnin	a of Ye	ar			(b) End of	Year	
a	Total plan assets	. 7a			1,68	38			256,841	
b	Total plan liabilities	. 7b								
С	Net plan assets (subtract line 7b from line 7a)	, 7c		30	1,68	8	256,			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
_а 	Contributions received or receivable from: (1) Employers	. 8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	. d8			5,15	3				
<u>C</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							5,153	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		5	0,00	0				
-	Certain deemed and/or corrective distributions (see instructions)	8e				88				
	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)					30	50,00			
	Net income (loss) (subtract line 8h from line 8c)	8i					S	en en en Santan gan gandestig.	-44,847	
J Decress	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension									
B Part 10	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, and the plan provides welfare for the p	eature coo	des from the List of Pla	n Chara				1		
a		tions withi	n the time period		Yes	No	N/A	Aı	nount	
u	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		х				
b						Х	falskýr.			
	reported on line 10a.)			10b	ļ	<u> </u>	Carringa (Valler spall			
c	Was the plan covered by a fidelity bond?		************************	10c	Х				30,00	
d 	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of	the benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	ligation.			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	uctions and 29 CFR	10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ne require	d notice or one of the	10i						
j	Did the plan trust incur unrelated business taxable income?			10i			Х			
Part				10]	<u> </u>		<u> </u>	I		
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "	Yes," see instructions	and cor	nplete	Sched	lule SB	(Form	Yes No	
11a	Enter the unpaid minimum required contribution for all years from									
12	Is this a defined contribution plan subject to the minimum funding							RISA?	Yes X No	

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applications	able.)					
a If a waiver of the minimum funding standard for a prior year is being amortized	ed in this plan year, see ins	tructions, and	enter the	e date of th	e letter ru	ling
granting the waiver			Day		Year	
			12b			
b Enter the minimum required contribution for this plan year		<u> </u>	-			
C Enter the amount contributed by the employer to the plan for this plan year			12c			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)			12d			
e Will the minimum funding amount reported on line 12d be met by the funding	deadline?	***************************************		Yes	No	N/A
Part VII Plan Terminations and Transfers of Assets						
13a Has a resolution to terminate the plan been adopted in any plan year?				Yes	X No	
If "Yes," enter the amount of any plan assets that reverted to the employer the	is year	***************************************	13a			
b Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?	ed to another plan, or broug	ht under the co	ontrol		Yes X	No
C If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	n to another plan(s), identif	y the plan(s) to				
13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) F	N(s)
Part VIII Trust Information			4.41			
14a Name of trust			14b T	rust's EIN		
14c Name of trustee or custodian	· · · · · · · · · · · · · · · · · · ·			Trustee's o		ın's
				telephone r	ıunıbel	
Part IX IRS Compliance Questions				*******		
15a Is the plan a 401(k) plan?	***************************************		Yes	3	No	
15h If "Vop." how doop the 404/l/\ along astick the analysis is a single transfer.						
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)	for employee deferrals and)?	employer	∐ ba ha	sign- sed safe rbor ethod	ADP test	/ACP
15b if Yes, now does the 401(k) plan satisfy the hondiscrimination requirements matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2) 15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for testing method" for nonhighly compensated employees (Treas. Reg sections 2(a)(2)(ii))?)?the plan year using the "cu 1.401(k)-2(a)(2)(ii) and 1.40	rrent year	ba ha me	sed safe rbor ethod	_	/ACP
matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2 15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for testing method" for nonhighly compensated employees (Treas. Reg sections 2(a)(2)(ii))?	the plan year using the "cu 1.401(k)-2(a)(2)(ii) and 1.40 requirements under sectio	rrent year 01(m)- n 410(b):	ba ha me Yes	sed safe rbor ethod s s tio rcentage	test No Ave	
matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2 15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for testing method" for nonhighly compensated employees (Treas. Reg sections 2(a)(2)(ii))?	the plan year using the "cu 1.401(k)-2(a)(2)(ii) and 1.40 requirements under section	rrent year 01(m) n 410(b):	ba ha me Yes	sed safe rbor ethod s tio rcentage	test No Ave	rage
 matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2 15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for testing method" for nonhighly compensated employees (Treas. Reg sections 2(a)(2)(ii))? 16a Check the box to indicate the method used by the plan to satisfy the coverage 16b Does the plan satisfy the coverage and nondiscrimination tests of sections 41 	the plan year using the "cu 1.401(k)-2(a)(2)(ii) and 1.40 requirements under sectio 0(b) and 401(a)(4) by comb	rrent year 11(m)- n 410(b):	ba ha me Yes	sed safe rbor sthod s tio rcentage st	No Ave	rage
 matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2 15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for testing method" for nonhighly compensated employees (Treas. Reg sections 2(a)(2)(ii))? 16a Check the box to indicate the method used by the plan to satisfy the coverage 16b Does the plan satisfy the coverage and nondiscrimination tests of sections 41 this plan with any other plans under the permissive aggregation rules? 	the plan year using the "cu 1.401(k)-2(a)(2)(ii) and 1.40 requirements under section 0(b) and 401(a)(4) by comb	rrent year 11(m)- n 410(b):	Bahame Yes Rape tes Yes Yes	sed safe rbor sthod stio rcentage st	test No Ave bendent No No	rage efit test
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